

WAYLAND PUBLIC SCHOOLS
Wayland, Massachusetts

APPLICATION FOR SUBSTITUTE AND TEMPORARY TEACHING

Once approved, your name will appear on our list of people to be called when we need a substitute or temporary teacher with your qualifications. Your service will be intermittent in nature and service on one occasion will not necessarily relate to service on another occasion. We can give you reasonable assurance that your employment in this capacity will continue after vacations (including summer).

We are often able to schedule days in advance. However, for unexpected absences, substitute teachers should expect to be called until 10:30 p.m. for next-day assignments and between 5:45 a.m. and 6:30 a.m. for assignments that day.

A CORI form must be completed and submitted in person at any of the schools or the Central Office – no appointment necessary. You are required to present a government-issued photo ID (e.g., driver's license, passport). Placement on the substitute list will be contingent upon favorable review of your CORI report and references.

NAME: _____ **DATE:** _____

STREET: _____ **CITY, STATE, ZIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____

E-MAIL ADDRESS: _____

I. INSTRUCTION AREAS (Check all grades and/or areas in which you prefer to substitute):

Elementary:	Middle School:
<input type="checkbox"/> KINDERGARTEN	<input type="checkbox"/> SPECIAL NEEDS
<input type="checkbox"/> GRADE 1	<input type="checkbox"/> APPLIED SCIENCE
<input type="checkbox"/> GRADE 2	<input type="checkbox"/> ART
<input type="checkbox"/> GRADE 3	<input type="checkbox"/> CLASSICAL STUDIES/LATIN
<input type="checkbox"/> GRADE 4	<input type="checkbox"/> COMPUTER EDUCATION
<input type="checkbox"/> GRADE 5	<input type="checkbox"/> ENGLISH
<input type="checkbox"/> SPECIAL NEEDS	<input type="checkbox"/> FRENCH
<input type="checkbox"/> ART	<input type="checkbox"/> HEALTH/WELLNESS
<input type="checkbox"/> MUSIC	<input type="checkbox"/> MANDARIN
<input type="checkbox"/> PHYSICAL EDUCATION	<input type="checkbox"/> MATHEMATICS
<input type="checkbox"/> TECHNOLOGY	<input type="checkbox"/> MUSIC
	<input type="checkbox"/> PHYSICAL EDUCATION
	<input type="checkbox"/> SCIENCE
	<input type="checkbox"/> SOCIAL STUDIES
	<input type="checkbox"/> SPANISH
	<input type="checkbox"/> TECHNOLOGY EDUCATION
	<input type="checkbox"/> THEATER ARTS

II. EDUCATION:

	NAME OF SCHOOL	LOCATION	DATES ATTENDED (MONTH/YEAR)	DEGREE
HIGH SCHOOL:			TO	
UNDERGRADUATE:			TO	
			TO	
GRADUATE:			TO	
			TO	

III. TEACHING EXPERIENCE:

EMPLOYER NAME, ADDRESS, AND TELEPHONE NUMBER:	EMPLOYMENT DATES (MONTH/YEAR)	TEACHING POSITION	NAME OF IMMEDIATE SUPERVISOR
	TO		
	TO		
	TO		

IV. REFERENCES:

NAME	CITY, STATE	TELEPHONE	E-MAIL ADDRESS	RELATION

APPLICANT STATEMENT AND AUTHORIZATION:

"I certify that the facts contained in my application and any additional materials submitted are true and complete to the best of my knowledge. I understand that if I have provided any false or misleading information on this application, I will be subject to immediate termination, notwithstanding any requirement of cause, good cause, or just cause in any agreement, statute, regulation, or policy, and that such termination would be for cause, good cause or just cause.

"I understand and agree that any offer of employment is conditional upon an acceptable CORI check, and I hereby consent to such CORI check, as well as verification of my employment eligibility as required by law, including the completion of an I-9 form, and any background and reference check done by Wayland. I understand and agree that any offer of employment may be conditional upon a physical/mental examination."

Signature

Date

Wayland Public Schools is an equal opportunity employer and does not discriminate on the basis of race, color, religion, national origin, gender, sexual orientation, ancestry, age, marital status, physical or mental disability, unfavorable discharge from military service, or any other characteristic protected by applicable law. A disability or medical condition will not bar you from employment if you are able to perform with reasonable accommodation the essential functions of the job for which you are applying.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Please submit completed application to:
 Wayland Public Schools, Human Resources Office, Attn: Substitute Teaching
 Mail: P.O. Box 408, Wayland, Massachusetts 01778
 Fax: (508) 358-7708
 E-mail: Human_Resources@wayland.k12.ma.us
Include resume and any additional supportive materials.